Correspondence

SIR,

Your Focus article (Kennedy, I M, *J med ethics*, 2, 3–7) concerning the ethics and legalities pertaining to unconscious patients was very apposite and written in an informed and sensible manner. Furthermore, it raised a number of important issues.

Public discussion of such tragic events inevitably leads to demands from the news media for expert opinion from members of the medical profession. Such expert opinion must be qualified as it is usually based upon incomplete or incorrect information furnished by newspaper reports etc. I do not have any direct information concerning Karen Quinlan, but, as Mr Kennedy suggests, indirect evidence from the USA indicates that the patient cannot be said to be dead by present legal criteria. At the time of writing, reports from the USA suggest that Karen Quinlan has now survived for four days without the aid of respiration. If this is correct, then, whatever the outcome of this distressing case, Mr Kennedy's statement '. . . whenever her own spontaneous breathing ceases as it does until triggered by the machine' cannot have been applicable at the time the respirator was switched off. At this time her respiration was being *assisted* and not *maintained* by the ventilator. There are many recorded cases where ventilators have been required to *maintain* respiration for many days and yet the patient has recovered. Few doctors would be happy to state as Mr Kennedy does, 'She will never recover consciousness again', and I fear that argument in this sphere will be reduced to that of probability, with which Mr Kennedy will be more familiar than I.

Later in his article, Mr Kennedy states that there is no authorative guide in the UK concerning the 'right to die'. It is my understanding of legal matters that the establishment of precedence is of considerable importance. In this respect the Home Secretary may have established precedence by his decision relating to the late Frank Stagg.

I concur with Mr Kennedy's appeal for further discussion of these issues between the medical profession and other interested parties. However, I do not believe that the ultimate decision can be made by a committee. This decision can only be made by the doctor in charge of the patient after careful discussion with the relatives. In this regard it behoves all doctors to consider the advice of one of the world's great medical teachers. 'The fundamental act of medical care is assumption of responsibility'.[1]

DAVID E F TWEEDLE, ChM, FRCS
Consultant Surgeon
Senior Lecturer in Surgery
University of Manchester

[1]Moore, F D (1959). In *Metabolic Care of the Surgical Patient*. Philadelphia: Saunders.

Turgid and obscure language

SIR,

My reactions on reading 'obverted contrapositive' and 'presupposition-less characterization' (page 103, volume 2, number 2), were to sigh deeply and to reach for the dictionary. My ignorance of the language highlighted once again! Had I but realized, the meanings could have been worked out using principles akin to algebra.

I feel that this illustrates some of the problems encountered when philosophers speak to members of other disciplines. The pursuit of exact meaning seems inevitably to lead to the use of longer and ever more puzzling words

The *Journal of medical ethics* is beginning to lead toward more informed and thoughtful discussion between the professions. Many readers of your journal read selectively, browsing from time to time among the less familiar articles. Is there not a danger of them becoming discouraged if faced with turgid and obscure language?

Dialogue between professional people can also be meaningful if we employ simple English.

ROGER BOLAS
Newcastle upon Tyne

Irony to the philosophers is obscurity to the medics—and vice versa? EDITOR.